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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

CHANDER ET AL.

SERIAL NO.: 09/480,013

FILED: January 10, 2000

FOR: SYSTEM AND METHOD FOR  
PROVIDING INDICATION OF  
MAXIMUM PAYLOAD SIZE IN A  
WIRELESS TELECOMMUNICATION  
NETWORK

Group Art Unit: Unknown

Examiner: Unknown

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Technology Center 2600

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

**REQUEST FOR CORRECTED FILING RECEIPT**

It has come to the attention of the undersigned attorney that the originally issued Filing Receipt is incorrect.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington D.C. 20231 on:

October 16, 2000

(Date of Deposit)

Walter W. Duft

(Applicant, Assignee, Registered representative)

(Signature)

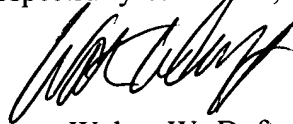
October 16, 2000

(Date of Signature)

The undersigned attorney has been advised that the Filing Receipt was mailed to the corporate address of Applicants' assignee and does not list the undersigned attorney as the corresponding attorney of record.

Please correct the records in the Patent and Trademark Office and issue a corrected Filing Receipt to the undersigned attorney.

Respectfully submitted,



By: Walter W. Duft  
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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/480,013	<b>FILING DATE</b> 01/10/2000 <b>RULE</b> -	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2749	<b>ATTORNEY DOCKET NO.</b> CHANDER6-5	
<b>APPLICANTS</b> SHARAT SUBRAMANIAM CHANDER, WOODBRIDGE, IL ; SHIV MOHAN SETH, NAPERVILLE, IL ;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/16/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 42	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged		Examiner's Signature		Initials	
<b>ADDRESS</b> Walter W Duft 295 Main Street Suite 762 Buffalo ,NY 14203-2507					
<b>TITLE</b> SYSTEM AND METHOD FOR PROVIDING INDICATION OF MAXIMUM TELESERVICE PAYLOAD SIZE IN A WIRELESS COMMUNICATION NETWORK					
<b>FILING FEE RECEIVED</b> 1320	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		